

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Gastroenterological Association Inc. PAC

ADDRESS (number and street)

4720 Montgomery Lane Suite 430

☐Check if different  
than previously  
reported. (ACC)

Bethesda

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00423228

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Damian H. Augustyn, MD

Signature of Treasurer Electronically Filed by Damian H. Augustyn, MD

Date

0 1

2 6

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 13

Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period:

From:

M M  
1 2D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2009</span>		92490.07
(b) Cash on Hand at Beginning of Reporting Period .....	103405.86	
(c) Total Receipts (from Line 19) .....	3500.00	49415.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	106905.86	141905.86
7. Total Disbursements (from Line 31) .....	19000.00	54000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87905.86	87905.86
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Gastroenterological Association Inc. PAC

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2500.00	34909.99
(ii) Unitemized .....	1000.00	14505.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3500.00	49415.79
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3500.00	49415.79
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3500.00	49415.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3500.00	49415.79

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	54000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19000.00	54000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	54000.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3500.00	49415.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3500.00	49415.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Dale R. Bachwich

Mailing Address 7660 Cinnamon Ridge Drive

City State Zip Code  
Rapid City SD 57702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rapid City Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: C810203

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Donald P. Hetzel

Mailing Address 725 Glenwood Drive  
Suite E582

City State Zip Code  
Chattanooga TN 37404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Digestive Health Associat-  
es

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: C814948

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Gabor Justus

Mailing Address 11800 NE 128th St  
Ste 100

City State Zip Code  
Kirkland WA 98034-7201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastside Gastroenterology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: C852040

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Emmet B. Keeffe, MD

Mailing Address 22 Weatherly Drive  
Suite 210

City State Zip Code  
Mill Valley CA 94941-3272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Romark Laboratories

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: C818305

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Adam S. Kim

Mailing Address PO BOX 14909

City State Zip Code  
Minneapolis MN 55414-0909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Gastroenterology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

Transaction ID: C820264

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kent J. Smith

Mailing Address 141 Morrison St

City State Zip Code  
Twin Falls ID 83301-5451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Luke's Clinic Gstrntrl-  
gy

Occupation  
Gastroenterologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: C820457

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Cynthia M. Yoshida

Mailing Address 902 E Jefferson St  
Suite #201

City	State	Zip Code
Charlottesville	VA	22902-5397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
MD

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

Transaction ID: C820452

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

2500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Joe Heck	<b>Transaction ID:</b> D90914
Mailing Address P.O. Box 750114	Date of Disbursement
City Las Vegas State NV Zip Code 89136	<div> <div>12</div> <div>23</div> <div>2009</div> </div>
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period
Candidate Name Joe Heck	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NV District: 03	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	<b>Transaction ID:</b> D90916
Mailing Address 3482 DRUSILLA LANE SUITE 1	Date of Disbursement
City BATON ROUGE State LA Zip Code 70809	<div> <div>12</div> <div>23</div> <div>2009</div> </div>
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period
Candidate Name Rep. Bill Cassidy	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: LA District: 06	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH	<b>Transaction ID:</b> D90625
Mailing Address P. O. BOX 7292	Date of Disbursement
City CHICAGO State IL Zip Code 60680	<div> <div>12</div> <div>05</div> <div>2009</div> </div>
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period
Candidate Name Rep. Bobby Rush	<div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 01	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code  
 Fargo ND 58106

Purpose of Disbursement  
 Campaign Contribution

Candidate Name  
 Rep. Earl Pomeroy

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D91836

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code  
 LONG BRANCH NJ 07740

Purpose of Disbursement  
 Campaign Contribution

Candidate Name  
 Rep. Frank Pallone, Jr.

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D90899

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City State Zip Code  
 HOUSTON TX 77222

Purpose of Disbursement  
 Campaign Contribution

Candidate Name  
 Rep. Gene Green

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: D90897

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Rep. John BarrowCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: D90915

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Rep. Joseph R. PittsCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: D90896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**C.** Full Name (Last, First, Middle Initial)  
MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Rep. Mary Bono MackCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: D91908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
**CAPUANO FOR SENATE COMMITTEE**

Mailing Address PO BOX 440305

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Rep. Michael E. CapuanoCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special

State: MA District:

Transaction ID: D90623

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Rep. Nydia M. VelazquezCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: D91909

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF ROSA DELAURO**

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Rep. Rosa DelauroCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D90624

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	<b>Transaction ID:</b> D90900 <b>Date of Disbursement</b>
Mailing Address PO Box 50100	<div> <div>12</div> <div>29</div> <div>2009</div> </div>
City Springfield State MO Zip Code 65805	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<div>2000.00</div>
Candidate Name Rep. Roy Blunt	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ENZI FOR US SENATE	<b>Transaction ID:</b> D90898 <b>Date of Disbursement</b>
Mailing Address PO BOX 2775	<div> <div>12</div> <div>29</div> <div>2009</div> </div>
City CODY State WY Zip Code 82414	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<div>1000.00</div>
Candidate Name Sen. Michael B. Enzi	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	<b>Transaction ID:</b> D92229 <b>Date of Disbursement</b>
Mailing Address PO BOX 76187	<div> <div>12</div> <div>02</div> <div>2009</div> </div>
City WASHINGTON State DC Zip Code 20013	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<div>2000.00</div>
Candidate Name Sen. Sherrod Brown	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

19000.00